					(Based on PTO 08-08 version	
Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/789,139	
IN	IFORMATI	ON DISC	LOSURE	Filing Date	February 27, 2004	
STATEMENT BY APPLICANT			PLICANT	First Named Inventor	Kevin P. CONNORS et al.	
_	OTATEMENT BY ATTERDARY			Art Unit	3769	
	(Use as man	y she ets as nec	ess ary)	Examiner Name	D. M. Shay	
Sheet	1	of	2	Attorney Docket Number	658312001000	
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Signature	/david shay/	Considered	08/15/2009
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Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, serial, symposium, calalog, etc.), date, page(s), volume-issue number(s), publisher, city andfor country where published.	T ²		
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				Art Unit	3769	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformence and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is atteched.